No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11216
2431

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY		a. STATE Missouri	b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri	c. LENGTH OF STAY (in this place) 10 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Infirmary Hosp.		STREET ADDRESS (If rural, give location) 4672 Ashland Avenue.	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle)	c. (Last) Vierke	4. DATE OF DEATH	(Month) 3	(Day) 12	(Year) 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 9/22/1870.	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Vierke	13b. MOTHER'S MAIDEN NAME Johanna Colterman	14. NAME OF HUSBAND OR WIFE Mary Vierke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) Nil	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lewis Bright - 4672 Ashland Avenue.	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) *Bronchopneumonia*	INTERVAL BETWEEN ONSET AND DEATH 5 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *Arteriosclerotic Heart Disease*	
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES / NO X

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **March 2, 1950,** to **March 12, 1950**, that I last saw the deceased alive on **March 12, 1950**, and that death occurred at **11:10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Clctus J King, M.D.	(Degree or title)	23b. ADDRESS 5600 Arsenal St Louis	23c. DATE SIGNED 13 March 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-15-50	24c. NAME OF CEMETERY OR CREMATORY Larmer Cemetery	24d. LOCATION (City, town, or county) Cape Girardeau, Missouri	(State)

DATE REC'D BY LOCAL REG. MAR 23 1950	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student ....
                Student Embalmer

Signed _Robert M Murray_

Licensed Embalmer No. _3749_

P. O. Address _St. Louis Mo._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.